



6-11-01

PATENT

1996-045 (81841-0138)

Express Mail Label No. EL713624763US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Susumu ARIMORI et al.

Serial No: 09/729,332

Filed: December 4, 2000

For: PHOTO-INDUCED ELECTRON TRANSFER FLUORESCENT
SENSOR MOLECULES

Art Unit: 1641

Examiner: Ghashghaee Fariba

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ An Associate Power Of Attorney is enclosed.
- ☒ An Information Disclosure Statement is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	60	-	39 **	21	LG=\$18 SM=\$9	\$18	\$ 378
INDEPENDENT CLAIMS FEE	9	-	5 ***	4	LG=\$80 SM=\$40	\$80	\$ 320
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$270 SMALL ENTITY FEE = \$135		\$
TOTAL							\$ 698

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Wei-ning Yang

Registration No. 38,690

Attorney for Applicant(s)

Date: June 8, 2001

Biltmore Tower
500 South Grand Avenue, Suite 1900
Telephone: 213 337-6700
Facsimile: 213 337-6701



PATENT

Attorney Docket No: 1996-045 (81841-0138)

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CERTIFICATE OF MAILING VIA U.S. EXPRESS MAIL

"Express Mail" Mailing Label No. EL713624763US

Date of Deposit: June 8, 2001

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

I hereby certify that

- ☒ two copies of a letter of transmittal
- ☐ check in amount of \$___ as filing fee
- ☐ patent application (___ page(s) of specification; ___ claim(s); ___ page(s) of abstract
- ☐ ___ sheet(s) of drawings
- ☒ executed Associate Power of Attorney
- ☐ assignment of the invention to ___
- ☐ Verified Statement (Declaration) Claiming Small Entity Status
- ☐ certified copy of ___ patent application No. ___ which was filed ___ from which
- priority is claimed in the subject case pursuant to 35 U.S.C. § 119
- ☒ Preliminary Amendment
- ☒ Information Disclosure Statement with 13 references
- ☒ return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

Commissioner for Patents
Washington, D.C. 20231.

Date: June 8, 2001

Hogan & Hartson, LLP
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213-337-6700
Facsimile: 213-337-6701

EMILY CRUZ

Name of person mailing papers

Signature

Figure 1

CHECKLIST FOR PROCESSING NEW APPLICATIONS SERIAL NUMBER <u>09/729,332</u>	
INSTRUCTIONS: 1. IF CORRECTIONS ARE REQUIRED, WRITE NOTES TO EXAMINER OR SUPERVISOR ON THE REVERSE SIDE 2. MAKE A CHECKMARK BESIDE EACH ITEM, IF VERIFIED.	
REVIEW OF THE NEW CASE	
A. FACE OF FILE <input checked="" type="checkbox"/> 1. Printed and stamped serial numbers match bar code label. <input checked="" type="checkbox"/> 2. Filing Date present. <input checked="" type="checkbox"/> 3. Class/Subclass present. <input checked="" type="checkbox"/> 4. Applicant's name present. <input checked="" type="checkbox"/> 5. Total number of drawings present <input checked="" type="checkbox"/> 6. Total number of claims present. <input checked="" type="checkbox"/> 7. Total number of independent claims present. <input checked="" type="checkbox"/> 8. Filing fee received. <input checked="" type="checkbox"/> 9. Mailing Address present <input checked="" type="checkbox"/> 10. Title of invention present.	4. CLAIMS (AS FILED) <input checked="" type="checkbox"/> 1. PTO 875 present. <input checked="" type="checkbox"/> 2. PTO 1368 present <input checked="" type="checkbox"/> 3. Independent claims circled on Index of Claims. <input checked="" type="checkbox"/> 4. Line drawn beneath last claim number on Index of Claims.
B. CENTER OF FILE (PAPERS ARRANGED BOTTOM TO TOP) 1. DRAWINGS <input checked="" type="checkbox"/> 1. None (Go to 2). <input checked="" type="checkbox"/> 2. Serial number present and correct on each drawing sheet. <input checked="" type="checkbox"/> 3. Number of sheets entered on line 1 of Contents.	5. SPECIFICATION <input checked="" type="checkbox"/> 1. Serial number present/correct. <input checked="" type="checkbox"/> 2. Specification in permanent ink. <input checked="" type="checkbox"/> 3. Brief description of each drawing figure present. <input checked="" type="checkbox"/> 4. No missing/duplicate pages. <input checked="" type="checkbox"/> 5. No holes punched in text.
2. SMALL ENTITY STATEMENT <input checked="" type="checkbox"/> 1. None and not recorded on face of file (Go to 3). <input type="checkbox"/> 2. Small Entity Statement present. <input type="checkbox"/> 3. Small Entity recorded on face of file.	6. ABSTRACT <input checked="" type="checkbox"/> 1. No abstract present (go to G). <input checked="" type="checkbox"/> 2. Serial Number present/correct. <input checked="" type="checkbox"/> 3. Abstract on separate page. <input checked="" type="checkbox"/> 4. Contains no more than 25 lines. <input checked="" type="checkbox"/> 5. Contains no more than one paragraph.
3. DECLARATION OR OATH <input checked="" type="checkbox"/> 1. Title matches face of file and specification. <input checked="" type="checkbox"/> 2. Declaration Statement present ("I hereby declare all....") <input checked="" type="checkbox"/> 3. "Original and first inventor...." phrase present. <input checked="" type="checkbox"/> 4. "Reviewed and understand...." phrase present. <input checked="" type="checkbox"/> 5. "Acknowledge duty to disclose.." phrase present. <input checked="" type="checkbox"/> 6. Residence, citizenship, post office address present for all applicants. <input checked="" type="checkbox"/> 7. Signed by all applicants. <input type="checkbox"/> 8. Executed no more than 3 months before filing date.	7. PTO-1556 (FEE SHEET) <input checked="" type="checkbox"/> 1. PTO-1556 present.
	8. PREAMENDMENTS <input checked="" type="checkbox"/> 1. None present (go to I). <input checked="" type="checkbox"/> 2. Preamendment entered in Contents of file wrapper. <input type="checkbox"/> 3. Amendment instruction to cancel claim(s). <input type="checkbox"/> 4. Claim(s) canceled in Index of Claims/ <input checked="" type="checkbox"/> 5. Amendment instruction to add claims(s) <input type="checkbox"/> 6. New independent claims(s) circled on Index of Claims. <input type="checkbox"/> 7. Line drawn beneath last new claim number on Index of Claims. <input type="checkbox"/> 8. PTO 1368 completed. <input type="checkbox"/> 9. PTO-875 completed.
	9. PTO-948 (DRAWINGS) <input type="checkbox"/> 1. PTO-948 present.

- C. RIGHT SIDE OF FILE**
- ____ 1. PALM File Data Sheet present.
 - ____ 2. Transmittal letter(s) present.
 - ____ 3. PTO-875 present.
 - ____ 4. Miscellaneous papers present.
 - ____ 5. Petition to Make Special present.
 - ____ 6. Drawing prints present.

- D. FEES**
- ____ 1. Correct filing fee paid.
 - ____ 2. Excess claims fees paid.
 - ____ a. Excess total claims (more than 20)
 - ____ b. Excess independent claims (more than 3).
 - ____ c. First Multiple Dependent claim fee paid.

- E. FINAL STEPS**
- ____ 1. Miscellaneous papers entered into Contents.
 - ____ 2. Application docketed to examiner.

F. NOTES TO SUPERVISOR:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

G. NOTES TO EXAMINER:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

H. SIGNATURE OF PREPARER:

(DATE)